

# **Berks County School Health Association**

To: Berks County High School Guidance Counselors

Subject: Berks County School Health Association Nursing Scholarship

Memorandum: The Berks County School Health Association is offering up to 3 scholarships of \$500 each which are intended for members of the 2020 graduating class who have been accepted into post-secondary study in nursing. All the necessary application information is included in this packet. Only completed applications that **are received** by the deadline (**April 1**) will be considered, so please alert the students to follow all instructions carefully. You are permitted to duplicate the application form for any senior student meeting the guidelines listed on the application cover letter.

Please contact the committee chairman, Louise Snyder Ocepek at 610-693-8560 or email [l\\_ocepek@conradweiser.org](mailto:l_ocepek@conradweiser.org) with any questions or concerns.

Thank you in advance for your assistance.

The Berks County School Health Association Scholarship Committee

Sincerely,

Louise M. Snyder Ocepek, MSN, BSN, RN, CSN  
Chairperson, BSCHA Scholarship Committee  
Conrad Weiser Middle School Nurse  
347 East Penn Ave  
Robesonia, PA 19551  
Phone: 610-693-8560  
Fax: 610-693-8543

# Berks County School Health Association 2020

## Future Nurse Scholarship Application

Complete the following and mail entire application to: Sharon Lountzis, BSN, RN, CSN  
BCSHA Scholarship Committee  
Muhlenberg High School Health Services  
400 Sharp Avenue  
Reading, PA 19605

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Personal Email: \_\_\_\_\_
5. High School: \_\_\_\_\_
6. Address: \_\_\_\_\_
7. College Name: \_\_\_\_\_
8. Anticipated Entry Date: \_\_\_\_\_

The following items must be included with your application:

- One copy of your current high school transcript which must include 1<sup>st</sup> semester senior year grades and include your SAT/ACT scores and class rank (if your school uses ranking).
- A copy of your college acceptance letter. (Preferably indicating nursing program acceptance)
- A list of your co-curricular, extra-curricular and community service activities/organizations (Please use attached form).
- A **one-page**, double spaced, (12 font, Times Roman) personal statement on *your commitment to pursue the profession of nursing and what nursing means to you.* Please include any extenuating circumstances or a need of which the committee should be aware.
- Two letters of reference: one from a high school faculty member and one from a non-relative who has known you for at least three years.

**APPLICATION MUST BE POSTMARKED BY APRIL 1<sup>st</sup>**

Questions: please email [l\\_ocepek@conradweiser.org](mailto:l_ocepek@conradweiser.org) or call 610-693-8560

There is a scholarship award dinner provided for the awardee and two family members in May.  
Details will be sent to the recipients.

# SCHOLARSHIP APPLICANT STUDENT RESUME

APPLICANT # \_\_\_\_\_  
FOR COMMITTEE USE ONLY

List any school, community and church activities in which you have been involved in the last four years.  
**Each activity can only be listed in one area.**

Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable).

School Activities	Timeframe	FR	SO	JR	SR	Total # Hours
	Month(s) & Year(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Community & Church Activities	Timeframe	FR	SO	JR	SR	Total # Hours
	Month(s) & Year(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Work Experience/Clinical Experience (i.e. BCTC Programs, Reading Hospital Medical Explorers)

Employer	Position	Dates of Employment	Average Hours Worked Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide a brief description of your duties and responsibilities for each experience that may not be self explanatory.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED.

